

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert Gregory Petrancosta

Application No.: 10/722,642

Group No. 3653

Filed: 11/26/03

Examiner: Hageman, M.

For: SYSTEM FOR FACILITATING COMPLIANCE WITH MATERIALS HANDLING RULES

Conf. No. 7329

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment and Information Disclosure Statement for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$460.00

CERTIFICATION OF TRANSMISSION

I hereby certify that, on the date shown below, this correspondence is being filed EFS at USPTO.GOV:

Date: 7-22-08


Signature

Shelley L. Erla
(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | (Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA | OTHER THAN A SMALL ENTITY | | | | ADDIT. FEE | |
|---|---|---|------------------------------|---------------------------|----|--------|---|---------------|------|
| TOTAL | 9 | – 20 | = 0 | x | \$ | 50.00 | = | \$ | 0.00 |
| INDEP. | 1 | – 3 | = 0 | x | \$ | 210.00 | = | \$ | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | + | \$ | 0.00 | = | \$ | 0.00 |
| TOTAL | | | | | | | | ADDIT. FEE | 0.00 |

No additional fee for claims is required.

INFORMATION DISCLOSURE STATEMENT FEE

5. Authorization is hereby made to charge the amount of \$180.00 for Information Disclosure Statement Fee to Deposit Account No. 50-1097.

FEE PAYMENT

6. Authorization is hereby made to charge the total amount of \$640.00 (Extension of Time Fee and Information Disclosure Statement Fee) to Deposit Account No. 50-1097.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.


FEE DEFICIENCY

7. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: _____

July 22, 2008


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